

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

10/666-312

## CLAIMS AS FILED - PART I

		(Column 1)	(Column 2)
TOTAL CLAIMS			
FOR	NUMBER FILED	NUMBER EXTRA	
TOTAL CHARGEABLE CLAIMS	minus 20 =	20	
INDEPENDENT CLAIMS	minus 3 =	7	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>	

SMALL ENTITY TYPE	OTHER THAN OR SMALL ENTITY
RATE	Fee
BASIC FEE	\$375
XS 9=	
X42=	
+140=	
TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

AMENDMENT A			(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total	15	Minus	20	=
Independent	14	Minus	4	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

SMALL ENTITY TYPE	OTHER THAN OR SMALL ENTITY
RATE	ADDITIONAL FEE
XS 9=	
X42=	
+140=	
TOTAL	

AMENDMENT B			(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

ADDITIONAL FEE	ADDITIONAL FEE	ADDITIONAL FEE
XS 9=		
X42=		
+140=		
TOTAL ADDITIONAL FEE		

AMENDMENT C			(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Amend				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

ADDITIONAL FEE	ADDITIONAL FEE	ADDITIONAL FEE
XS 9=		
X42=		
+140=		
TOTAL ADDITIONAL FEE		

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3

\*\* If the "Highest Number Previously Paid For" in this space is less than 20, enter 20.

\*\*\* If the "Highest Number Previously Paid For" in this space is less than 1, enter 1.

This page is for the use of the Patent Office only. It is not to be filed with the application. It is to be retained by the filer.



IPW

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

**FEE TRANSMITTAL**  
For FY 2005

Applicant claims small entity status. See 37 C.F.R. 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 0.00)

Complete if Known	
Application Number	10/606,312
Filing Date	June 26, 2003
First Named Inventor	DAISUKE AOKI ET AL.
Examiner Name	David H. Bollinger
Art Unit	3653
Attorney Docket No.	03500.017391

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 06-1205		Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/>	Charge fee(s) indicated below	<input type="checkbox"/>	Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/>	Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17	<input checked="" type="checkbox"/>	Credit any overpayments	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2030.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	

**2. EXCESS CLAIM FEES**

**Fee Description**

Each claim over 20 or for Reissues, each claim over 20 and more than in the original patent

**Small Entity**

Fee (\$)  
50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Fee (\$)  
200 100

Multiple dependent claims

Fee (\$)  
360 180

**Total Claims**

**Extra Claims**

Fee (\$)

Fee Paid (\$)

**Multiple Dependent Claims**

Fee (\$)  
0 0

15 - 20 or HP = 0 x 0 = 0

HP = highest number of total claims paid for, if greater than 20

**Indep. Claims**

**Extra Claims**

Fee (\$)

Fee Paid (\$)

Fee (\$)  
0 0

4 - 3 or HP = 0 x 0 = 0

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets**

**Extra Sheets**

**Number of each additional 50 or fraction thereof**

Fee (\$)

Fee Paid (\$)

100 - 100 = / 50 = (round up to a whole number) x =

Fees Paid (\$)

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other:

12

**SUBMITTED BY**

Signature

Registration No.  
(Attorney/Agent) 30,110

106-6-312

06-205

Telephone  
202-530-1010

Name (Print/Type)

Lawrence A. Stahl

06-106

Date: February 25, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

180

01

FC:1806

03/24/2005 ANTHONY  
Sale Ref: 00000001  
01